



**NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
(502) 564-6716**

ANNUAL REPORT FOR A SOLID WASTE COMPOSTING FACILITY

**DEP 7108
6/99**

- ☐ Before beginning, make additional blank copies for future use.
- ☐ Type or print your responses legibly in indelible ink.
- ☐ This report shall be received by the Cabinet no later than January 31 following the report year. Please complete all information before submitting your report to this office for review.
- ☐ Submit the original and one copy of this report to the Solid Waste Branch.

ANNUAL COMPOST REPORT

Year Ending December 31, _____ Permit Number _____ — _____

1. Facility Name _____

2. Mailing Address _____

3. City _____ 4. State _____ 5. Zip _____ 6. County _____

7. Phone Number (_____) _____ - _____ 8. Fax Number (_____) _____ - _____

9. Certified Operator _____ 10. Certification Number _____

11.

Tons Received	Leaves	Grass	Brush	Manure or Animal Bedding	Wood Chips	Other (specify _____)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

12. Volume of Compost Prepared for Distribution: _____ Tons

13. Volume of Compost Distributed: _____ Tons

ANNUAL COMPOST REPORT continued

14. Volume of Reject Material (plastic, metal, glass, etc.) Disposed: _____ Tons
☐ Landfill _____ Tons
☐ Recycled _____ Tons
☐ Other _____ Tons (specify method) _____
15. Volume of Non-Marketable Compost Disposed: _____ Tons
☐ Landfill _____ Tons
☐ Other _____ Tons (specify method) _____
16. Compost Analytical Information: **Insert the average of all analyses conducted in the reporting year.**

	Wet Weight	Dry Weight
pH	_____ SU	
Total Solids Content	_____ %	
Volatile Solids Content	_____ %	
Total Phosphorous	_____ ppm	_____ ppm
Total Potassium	_____ ppm	_____ ppm
Total Kjeldahl Nitrogen (TKN)	_____ ppm	_____ ppm
Ammonium Nitrogen (NH ₄ -N)	_____ ppm	_____ ppm
Cadmium	_____ mg/L	_____ mg/kg
Copper	_____ mg/L	_____ mg/kg
Lead	_____ mg/L	_____ mg/kg
Nickel	_____ mg/L	_____ mg/kg
Zinc	_____ mg/L	_____ mg/kg

NOTE: The results reported above should be the average of analyses taken during the reporting year, in accordance with the sampling schedule below. Waste should be analyzed as collected. **Do not conduct a separate analysis of a dried sample for the dry weight values.** Dry weight values (mg/kg) are derived using the following equation: $\text{mg/L} \div (\% \text{ Solids}) = \text{mg/kg dry weight}$.

100

Compost Recipient Log

Complete for all recipients of more than 20 cubic yards of compost within a 30-day period.

1.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

2.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

3.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

4.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

5.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

6.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

7.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

8.

Name		Phone () _____ - _____	
Street Address	City	State	Zip

Temperature Monitoring Record

To be completed by all composting facilities for which pathogen reduction is met by compost residence time and temperature.

Windrow, pile, or cell number _____ Date constructed _____

Ingredients and comments_____

recorded by windrow, pile, or cell

[illegible]

CERTIFICATION STATEMENT

Year Ending December 31, _____ Permit Number _____ — _____

Facility Name _____

Pursuant to 401 KAR 47:160, Section 6(4), “I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

SIGNATURE

DATE

This certification clause shall be signed by the responsible person(s) described in 401 KAR 47:160, Section 6(1), and/or (2) and is required by 401 KAR 47:160, Section 6(4). This clause may be incorporated into a cover letter and attached to this submission. This clause shall accompany every report/application submitted to this office.